Bureau of Land Management

TASK BOOK FOR THE POSITION OF

FIRING LEADER (FIRL)



May 2007

TASK BOOK ASSIGNED TO: INDIVIDUAL'S NAME, DUTY STATION, AND PHONE NUMBER TASK BOOK INITIATED BY: OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER LOCATION AND DATE THAT TASK BOOK WAS INITIATED

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

EVALUATOR

DO NOT COMPLETE THIS UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR CERTIFICATION

EVALUATOR'S PRINTED NAME, TITLE, DUTY STATION, AND PHONE NUMBER

AGENCY CERTIFICATION
I certify that
has met all requirements for qualification in this position and that such qualification has been issued.
CERTIFYING OFFICIAL'S SIGNATURE AND DATE
CERTIFYING OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER

POSITION TASK BOOK

This Position Task Book (PTB) lists performance requirements (tasks) for the Bureau of Land Management Firing Leader (FIRL) in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by a qualified evaluator, will result in a recommendation to the Bureau of Land Management that the trainee be certified in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and can occur on more than one prescribed fire or wildland fire. This position requires specific tasks be performed in a wildland fire/prescribed fire field simulation or as part of a wildland fire/prescribed fire -- performance of these tasks on other types of incidents is NOT qualifying. It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated. All bullet statements within a task which require an action must be demonstrated before that task can be signed off.

RESPONSIBILITIES:

- 1. The **local office** is responsible for:
 - Selecting trainees based on unit needs.
 - Ensuring that the trainee meets the training and experience requirements for the position.
 - Issuing PTBs to document task performance.
 - Explaining to the trainee the purpose and processes of the PTB, as well as the trainee's responsibilities.
 - Providing evaluation assignments and/or making the trainee available for evaluation assignments.
 - Providing a qualified evaluator for local assignments.
 - Tracking progress of the trainee.
 - Confirming PTB completion.
 - Determining certification per policy.
 - Issuing proof of certification.

2. The **individual** is responsible for:

- Reviewing and understanding instructions in the PTB.
- Identifying desired objectives/goals for a training or evaluation assignment.
- Providing background information to an evaluator.
- Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
- Assuring the Evaluation Record is complete.
- Notifying unit personnel when the PTB is completed and providing a copy.
- Keeping the original PTB in personal records.

3. The **evaluator** is responsible for:

- Being qualified and proficient in the position being evaluated.
- Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals of the assignment.
- Reviewing tasks with the trainee.
- Explaining to the trainee the evaluation procedures that will be utilized and which objectives may be attained.
- Identifying tasks to be performed during an evaluation period.
- Accurately evaluating and recording performance. Satisfactory performance shall be documented by dating and initialing completion of the task. Unsatisfactory performance shall be documented in the Evaluation Record.
- Completing the Evaluation Record found at the end of each PTB.
- Signing the verification statement on the front cover of the PTB when all tasks have been initialed.
- Conducting a close-out interview with the trainee and assuring that documentation is complete

QUALIFICATION RECORD

POSITION: Firing Leader (FIRL)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<u>GENERAL</u>			
 Review agency procedures, policies and regulations for prescribed fire as related to position through conversations with supervisor and/or reading of agency manuals and handbooks. Identify the relationship of the FIRL with other positions 	O		
 Qperate, maintain, and receive training in the use of firing/ignition devices. Demonstrate familiarization and competency with: a. Hand firing/ignition i.e. drip torch, fusee, and hand launched ignition devices. b. Vehicle mounted firing/ignition devices; e.g., terra torch, ATV mounted drip torch. c. Aerial firing/ignition devices; e.g., helitorch and PSD machine. 	0		
 FIRING/IGNITION ACTIVITIES 3. Establish and maintain positive interpersonal and interagency working relationships. Demonstrate communication skills as they relate to supervising firing/ignition operations. Articulate performance requirements to firing/ignition crew members. Complete administrative documentation 			

^{*}Code: O = task can be completed in any situation (classroom, simulation, prescribed fire, daily job, etc.)

WFU = task must be performed on a wildland fire use incident

W = task must be performed on a wildfire incident

[/]R = Rare event—the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.

RX = task must be performed on a prescribed fire incident

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
 such as crew time reports, safety inspections, injury forms, shift records. Evaluate on-the-job performance of firing/ignition crew members and provide corrective measures. 			
 4. Review incident action plan or prescribed fire ignition plan. Recon prescribed fire unit or area of responsibility. Verify incident action plan or prescribed fire ignition plan to ensure that identified ignition operations can be performed safely and will meet project objectives Review and consult with supervisor on refining the firing/ignition plan in light of current fuel and weather conditions and expected fire behavior. Review the type, number and placement of resources needed to successfully meet the objectives. Review resources and suggest adjustments and refinements as necessary. Review priorities set in the incident action plan or prescribed fire ignition plan. Conduct documented (formal or informal) hazard analysis in multiple resource type situations. Consider and evaluate the use of alternative ignition devices; e.g., aerial, terra torch. 	W/ RX/ WFU		

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QUALIFICATION RECORD

Continuation Sheet

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
 5. Insure that planned ignition responsibilities will comply with Standard Fire Orders, firing/ignition plan, Watch Out Situations, LCES principles and agency specific policies and standards. Review ignition operations to insure compliance with safety guidelines. Recognize critical safety issues and insure that hazards and risks are mitigated prior to implementation. Communicate safety issues to firing/ignition crew. Ensure that firing/ignition crew is aware of all hazards and risks, and mitigation measures, including but not limited to PPE, safety zones, escape routes, and lookouts Inspect mechanical equipment and ignition devices for safety. During the firing or ignition operations, recognize changing weather, fire behavior or other conditions which may affect personnel safety. Communicate this information to the prescribed fire burn boss and provide appropriate actions to ensure continued safe operations. 	W/ RX/ WFU		
 6. Conduct and participate in briefings. Participate in operational briefing. Participate in aviation briefing. Conduct briefing with firing/ignition resources. 	W/ RX/ WFU		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
 10. Modify and adjust firing/ignition operations to manipulate fire behavior to meet control or resource management objectives. Monitor rates of spread, flame lengths, fireline intensities, spotting, and scorch heights. Recognize potential for extreme fire behavior conditions. Recognize fire behavior which endangers personnel, identify alternative tactics, and implement chosen mitigation alternatives. 	W/ RX/ WFU		
11. Implement a firing/ignition plan using multiple ignition resources within an incident.	W/ RX/ WFU		
12. Implement a firing/ignition plan using ignitions in multiple locations within an incident.	W/ RX/ WFU		
 13. Implement a firing/ignition plan using aerial ignition resources. Coordinated with aviation resources. Coordinated with ground resources. 	W/ RX/ WFU		
 15. Apply advanced firing/ignition techniques. Use backfire as an indirect attack method. Change the direction of the fire and/or slow the fire's progress. Manipulate fire behavior to meet or respond to smoke management issues. 	R		

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TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
 POST- BURN OPERATIONS 16. Evaluate overall ignition operations. Insure required documentation has been submitted. Maintain accountability for assigned firing/ignition equipment. Provide input to final debriefing/after action review (AAR). Provide feedback to all resources on accomplishment of objectives during firing/ignition operations. 	O		

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INSTRUCTIONS FOR EVALUATION RECORD

There are four separate blocks allowing evaluations to be made. These evaluations may be made on incidents, simulations in classroom, or in daily duties, depending on what the position task book indicates. This should be sufficient for qualification in the position if the individual is adequately prepared.

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

Evaluator's name, incident/office title, and agency: List the name of the evaluator, his/her incident position or office title, and agency.

Evaluator's home unit address and phone: Self-explanatory

#: The number in the upper left corner of the Evaluation Record identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record for each task performed satisfactorily.

Location of Incident/Simulation: Identify the location where the tasks were performed by agency and office.

Incident Kind: Enter kind of incident; e.g., wildland fire, prescribed fire, search and rescue, flood, etc.

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

Number and Type of Resources: Enter the number of resources and types assigned to the incident pertinent to the trainee's task book position.

Duration: Enter inclusive dates during which the trainee was evaluated. This block may indicate a span of time covering several small and similar incidents if the trainee has been evaluated on that basis; e.g., several initial attack fires in similar fuel types.

Management Level or Prescribed Fire Complexity Level: Indicates ICS organization level; i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command or prescribed fire complexity level (low, moderate, high).

NFFL Fuel Model: For wildland fire and prescribed fire experience, enter number (1-13) of the fuel model(s) in which the incident occurred and under which the trainee was evaluated.

Grass Group	2.	Short Grass (1 foot) Timber (grass & understory) Tall Grass (2-1/2 feet)	Timber Group	8. Closed Timber Litter9. Hardwood Litter10. Timber (litter understory)
Brush	4.	Chaparral (6 feet)	Slash	11. Light Logging Slash
Group	5.	Brush (2 feet)	Group	12. Medium Logging Slash
_	6.	Dormant Brush-Hardwood Slash	_	13. Heavy Logging Slash
	7.	Southern Rough		

Recommendation: Check as appropriate and/or make comments regarding the future needs for development of this trainee.

Date: List the date the record is being completed.

Evaluator's initials: Initial here to authenticate your recommendations and to allow for comparison with initials in the Qualifications Record.

Evaluator's relevant red card rating: List <u>your</u> certification relevant to the trainee position you supervised.

Evaluation Record

Evaluator' home unit address & phone: Name and Location of Incident Kind (Wildfire, of Incident or Simulation (agency & area) Use) Trainee's Position	TRAINEE NAME TRAINEE POSITION					
Name and Location of Incident Kind (Wildfire, Prescribed fire, Wildland Fire Use) The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee. The individual has successfully performed all tasks for the position and should be considered for certification. The individual is severely deficient in the performance of tasks for the position and should be considered for certification. The individual is severely deficient in the performance of tasks for the position and should be considered for certification. The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a trainee. Recommendations: Date: Evaluator's name: Evaluator's initials: Evaluator's relevant red card (or agency certification) rating: Name and Location of Incident Kind Location (Wildfire, Prescribed fire, Prescribed fire, Prescribed fire, Wildland Fire (Wildland Fire Use) Incident/office title & agency: Trainee's Position (inclusive dates in trainee status) The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee. The individual has successfully performed all tasks for the position and should be considered for certification. The individual has not able to complete certain tasks (comments below) or additional guidance is required. Not all tasks ore evaluated on this assignment and an additional assignment is needed to complete the evaluation. The individual has successfully performed all tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment is needed to complete the evaluations: Evaluator's relevant red card						
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	Date:	fication) rating:	Evaluator's initials:		Evaluator's re	levant red card

Evaluation Record (Continuation Sheet)

	TRAINEE NA	ME	TRAINEE POSITION			
#3 Evaluator Incident/o	r's name: office title & agency:	:				
Evaluator' hom	e unit address & ph	one:				
Name and Location of Incident or Simulation (agency & area)	Incident Kind (Wildfire, Prescribed fire, Wildland Fire Use)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Prescribed Fire Complexity Level	NFFL Fuel Model(s)	
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#4 Evaluator Incident/o	r's name: office title & agency:	:				
Evaluator' hom	e unit address & ph	one:				
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